2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001412

FILED Apr 30, 2009 Secretary of State

Entity Name: NEW CREATIONS OUTREACH MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business: 1760 COFIELD DRIVE 800 DELTONA BLVD DELTONA, FL 32738 DELTONA, FL 32725 **Current Mailing Address: New Mailing Address:** 1760 COFIELD DRIVE DELTONA, FL 32738 FEI Number: 90-0346613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIFFIN, FREDRICK 1760 COFIELD DRIVE DELTONA, FL 32738 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GRIFFIN, FREDRICK GRIFFIN FREDRICK PRES Name: Name: 1760 COFIELD DRIVE Address: 1760 COFIELD DRIVE Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: DELTONA, FL 32738 Title: () Delete Title: (X) Change () Addition LLOYD, LINITA A Name: LLOYD, LINITA A OFFICER Name: Address: 4144 GERANIUM LN #202 Address: 4144 GERANIUM LN #202 City-St-Zip: SANFORD, FL 32771 City-St-Zip: SANFORD, FL 32771 Title: () Delete Title: () Change (X) Addition BRISTOL, SHARON D OFFICER Name: Name: Address: Address: P.O. BOX 952012 City-St-Zip: City-St-Zip: LAKE MARY, FL 32795 US Title: () Delete Title: MR. () Change (X) Addition Name: Name: KELLY, CANUTE W OFFICER 305 DRYBERRY WAY Address: Address: City-St-Zip: City-St-Zip: FERNPARK, FL 32730 US Title: () Delete Title: () Change (X) Addition BURCH, ALLEN OFFICER Name: Name: 1214 S. DELAWARE AVE Address: Address: City-St-Zip: City-St-Zip: DELAND, FL 32720 US Title: () Delete Title: () Change (X) Addition KELLEY, MARSHA E OFFICER Name: Name: Address: Address: 305 DRYBERRY WAY FERN PARK, FL 32730 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDRICK GRIFFIN PRES 04/30/2009